

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>	102	48	9/4/01
<b>FORMALITY REVIEW</b>		1019	09-26-01
<b>RESPONSE FORMALITY REVIEW</b>	MJ	JCG/JR	11/05/01

**INDEX OF CLAIMS**

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 -+ ..... Restricted O ..... Objected

Claim	Date
Final	
Original	
1 3	9
1 15	15
1 16	16
1 17	V
2 2	1
3 3	1
4 4	
5 5	
6 6	
7 7	
8 8	V
9 9	0
10 10	
11 11	
12 12	
13 13	
14 14	0
15 15	V
16 16	2
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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